

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. <u>08164E</u> <u>R</u>	FILING DATE					
							APPLICANT(S)						
12-5-04 CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6	/						56						
7		①					57						
8	/	①					58						
9		①					59						
10	/						60						
11		①					61						
12	/						62						
13		①					63						
14					/		64						
15						/	65						
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41						/	91						
42						/	92						
43						/	93						
44						/	94						
45						/	95						
46						/	96						
47						/	97						
48						/	98						
49						/	99						
50						/	100						
TOTAL IND.	J		J		3 J		TOTAL IND.	J		J		J	
TOTAL DEP.	J		J		17 J		TOTAL DEP.	J		J		J	
TOTAL CLAIMS	J		J		20 J		TOTAL CLAIMS	J		J		J	